

61
APR 28 2004
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/890,120

Filing Date July 27, 2001

First Named Inventor Jean-Luc Pelloie

Art Unit 2815

Examiner Name Edgardo Ortiz

Attorney Docket Number 034299-000336

RECEIVED
MAR 03 2004

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | William E. Winters, Reg. No. 42,232 - Thelen Reid & Priest LLP |
| Signature | |
| Date | FEB. 19, 2004 |

CERTIFICATE OF MAILING

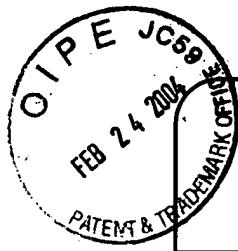
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|-------------|------|---------|
| Typed or printed name | Diane Morse | | |
| Signature | | Date | 2-19-04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420)

| Complete If Known | |
|----------------------|------------------|
| Application Number | 09/890,120 |
| Filing Date | 7/27/01 |
| First Named Inventor | Jean-Luc Pelloie |
| Examiner Name | Edgardo Ortiz |
| Art Unit | 2815 |
| Attorney Docket No. | 034299-000336 |

RECEIVED
MAR 08 2004

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|----------|--------------------------|----------------|--|--------------|----------|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: | | | | 3. ADDITIONAL FEES | | | |
| Deposit Account Number | | 50-1698 | | Large Entity | Small Entity | | |
| Deposit Account Name | | Thelen Reid & Priest LLP | | | | | |
| The Director is authorized to: (check all that apply) | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Entity | | Small Entity | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | Fee Paid | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | | | |
| 1002 | 340 | 2002 | 170 | Design filing fee | | | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | | | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | |
| SUBTOTAL (1) | | | | (\$ 0) | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | |
| Total Claims | | Extra Claims | Fee from below | Fee Paid | | | |
| | | | | | | | |
| Independent Claims | | | | | | | |
| | | | | | | | |
| Multiple Dependent | | | | | | | |
| | | | | | | | |
| Large Entity | | Small Entity | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | Fee Paid | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | | | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | | | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) | | | | (\$ 0) | | | |
| Other fee (specify) _____ | | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) (\$ 420) | | | |

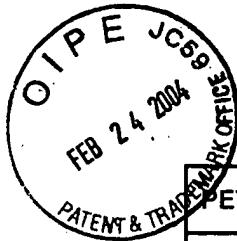
**or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | Complete (if applicable) | | | |
|-------------------|--------------------|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | William E. Winters | Registration No. (Attorney/Agent) | 42,232 | Telephone | 408-292-5800 |
| Signature | | | | | Date FEB 19, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



MAR 03 2004

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 034299-000336 |
| In re Application of Jean-Luc Pelloie | | |
| Application Number 09/890,120 | | Filed July 27, 2001 |
| For Dynamic Threshold Voltage MOS Transistor Fitted with a Current Limiter, and Process for Making Such a Transistor | | |
| Art Unit 2815 | | Examiner Edgardo Ortiz |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

| | |
|---|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1698</u> . | |

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

| |
|--|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,232</u> |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). |

Registration number if acting under 37 CFR 1.34(a). _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEB 19, 2004

Date

408-282-1857

Telephone Number

William E. Winters

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

02/27/2004 YPOLITE1 00000051 09890120

01 FC:1252

420.00 OP